

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000127926

Entity Name: JCM TILE & MARBLE LLC

**FILED**  
**Feb 19, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

2747 IDA WAY  
WEST PALM BEACH, FL 33415

**New Principal Place of Business:**

4421 47TH AVE S  
LAKEWORTH, FL 33466

**Current Mailing Address:**

2747 IDA WAY  
WEST PALM BEACH, FL 33415

**New Mailing Address:**

PO BOX 6483  
LAKEWORTH, FL 33463

FEI Number: 26-1533604      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

MUNOZ, NELLY C  
2747 IDA WAY  
WEST PALM BEACH, FL 33415      US

**Name and Address of New Registered Agent:**

MUNOZ, NELLY C  
4421 47TH AVE S  
LAKEWORTH, FL 33466      US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: NELLY C MUNOZ

02/19/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MUNOZ, NELLY C  
Address: 4421 47TH AVE S  
City-St-Zip: LAKEWORTH, FL 33466

Title: MGRM  
Name: MUNOZ, JOSE D  
Address: 4421 47TH AVE S  
City-St-Zip: LAKEWORTH, FL 33466

Title: MGR  
Name: CRUZ, CRISTOBAL D  
Address: 2747 IDA WAY  
City-St-Zip: WEST PALM BEACH, FL 33415

Title: MGR  
Name: RODRIGUEZ, ANTONIO  
Address: 2747 IDA WAY  
City-St-Zip: WEST PALM BEACH, FL 33415

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: NELLY C MUNOZ

MGRM

02/19/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date